



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR COMBAT COMMAND
LANGLEY AIR FORCE BASE, VIRGINIA

April 23, 2001

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ ACC/SGOP
162 Dodd Blvd
Langley AFB, VA 23665-1995

SUBJECT: Aerospace Medicine Involvement in the Ergonomics Program

The Air Force Medical Operations Agency (AFMOA) established an interim ergonomics policy (reference AFMOA/CC letter, "Interim Ergonomics Policy," dated 6 Mar 98). We will continue to follow this interim policy. In addition, I recommend the following:

- Incorporate ergonomics evaluations into routine and special surveillance. Prioritize surveillance as described in AFI 48-145. Use a short screening checklist, like attached, during routine surveillance to identify potential ergonomic problems. You may use available ergonomics--tools such as the Air Force Premier Program--for more detailed follow-up assessments.
- Include consideration of ergonomics issues in the installation occupational health working group. If desired, you may establish a sub-working group for ergonomics.
- Ensure base sources of supply (including IMPAC purchases) only issue back belt supports to personnel if a health care provider has prescribed the beltby.
- Include ergonomics training, as necessary, as a part of your occupational health training program. For administrative areas, I encourage you to use computer-based training tools to the maximum extent possible.

My point of contact is Major Ron Marchioni. Contact him at DSN 574-1273 or accsgop.bioengineer@langley.af.mil if you have any questions.

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- 2 Attachments
1. Distribution list
 2. Screening checklist

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SAMPLE ERGONOMICS CHECKLIST

ERGONOMIC SURVEY CHECKLIST		DATE		
SQDN/SHOP:				
NO	ITEM	YES	NO	N/A
1.	Are there any of the following risk factors present in the shop:			
a.	Repetitive motions for more than 2 hrs at a time or greater than 4 hrs total/day?			
b.	Fixed or awkward posture for more than 2 hrs/day? (Examples: small or cramped quarters, awkward positions)			
c.	Forceful hand exertions for more than 2 hrs/day, i.e. excessive torque or forces, finger pinch grip?			
d.	Tool or equipment vibration exposure for more than 2 hrs/day?			
e.	Manual material handling of more than 2 hrs/day; or unassisted lifting of loads > 25lbs?			
	(1) Average weight of objects moved or lifted: _____			
	(2) Is lifting performed above shoulder height?			
	(3) Is twisting motion performed during lifting?			
	(4) Do personnel perform pushing/pulling of heavy items?			
2.	Have shop personnel missed workdays, or had complaints due to any of the following during the past year?			
(a)	Neck, shoulder, or back pain?			
(b)	Excessive numbness or tingling in fingers or hands from vibration (Reynaud's Syndrome)?			
(c)	Problems associated with trigger finger?			
(d)	Wrist pain or loss of feeling sensation in fingers (Carpal Tunnel Syndrome)?			
5.	Are any of the following administrative controls, engineering controls, and/or PPE currently in use?			
(a)	Awareness briefings on ergonomic hazards in their workplace?			
(b)	Training on proper lifting techniques?			
(c)	Use of buddy system (2-man lift, etc.) for heavy or awkward items?			
(d)	Proper work-rest cycles, i.e. frequent breaks when necessary?			
(e)	Overhead hoists, cranes, or mechanical lifts? (Circle those that are available)			
(f)	Forklifts, wagons, dollies, pulleys, handcarts, etc.? (Circle those that are available)			
(g)	PPE such as vibration dampening gloves, etc.? (Circle those that are available)			
(h)	Other: _____			
BEE technician: _____				
Shop POC: _____				